

SERFF Tracking Number:	FARM-125268786	State:	Arkansas
Filing Company:	Farmers Insurance Company, Inc.	State Tracking Number:	AR-PC-07-025887
Company Tracking Number:	FAR0740-205550		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	F-AR-2007-PA-F		
Project Name/Number:	Rate Shield Endorsement J6472, 1st ed/A-06-904		

## Filing at a Glance

Company: Farmers Insurance Company, Inc.

Product Name: F-AR-2007-PA-F

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto  
(PPA)

Filing Type: Form

SERFF Tr Num: FARM-125268786 State: Arkansas

SERFF Status: Closed

Co Tr Num: FAR0740-205550

Co Status:

Authors: Vivian Alarcon, Anahit  
Bekarian, Jeanette Campion,  
Gayane Rupchian, Mina Villegas,  
Chris SalvaCruz, Edmond Balaian

Date Submitted: 08/24/2007

State Tr Num: AR-PC-07-025887

State Status:

Reviewer(s): Alexa Grissom, Betty  
Montesi, Brittany Yielding

Disposition Date: 08/30/2007

Disposition Status: Approved

Effective Date Requested (New): 02/01/2008

Effective Date Requested (Renewal): 02/01/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

## General Information

Project Name: Rate Shield Endorsement J6472, 1st ed

Project Number: A-06-904

Reference Organization:

Reference Title:

Filing Status Changed: 08/30/2007

State Status Changed: 08/24/2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We respectfully submit for your review and approval a new optional endorsement, Rate Shield Endorsement J6472 1st Edition. This endorsement, when selected, provides two new benefits available in a total of three options. The first option provides our customers the opportunity to purchase future accident surcharge waiver coverage for one accident in a three-year period. The second option provides our customers the opportunity to purchase future accident surcharge waiver coverage for one accident in a three year period coupled with our holding their base rate and rating factors the same for two years. The third option provides our customers the opportunity to purchase future accident surcharge waiver if there is more than one accident in a three year period coupled with our holding their base rate and rating

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factors the same for three years.

We propose that this filing be applicable to all policies effective on or after February 1, 2008.

## Company and Contact

### Filing Contact Information

Feliksa Barran, Manager - Business Implementation 4700 Wilshire Blvd. Los Angeles, CA 90010	Feliksa_Barran@farmersinsurance.com  (323) 932-3056 [Phone] ( )-[FAX]
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### Filing Company Information

Farmers Insurance Company, Inc. 10850 Lowell Avenue Overland Park, KS 66210-1667 (323) 932-3056 ext. [Phone]	CoCode: 21628 Group Code: 212 Group Name: FEIN Number: 48-0609012 -----	State of Domicile: Kansas Company Type: State ID Number:
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 is the required form filing fee per company, in this case, Farmers Insurance Company, Inc. Check will be mailed via DHL on Friday, 08-24-2007.
Per Company:	No

<i>SERFF Tracking Number:</i>	<i>FARM-125268786</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Farmers Insurance Company, Inc.</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025887</i>
<i>Company Tracking Number:</i>	<i>FAR0740-205550</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>F-AR-2007-PA-F</i>		
<i>Project Name/Number:</i>	<i>Rate Shield Endorsement J6472, 1st ed/A-06-904</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Alexa Grissom	08/30/2007	08/30/2007

### Filing Notes

<b>Subject</b>	<b>Note Type</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Amendment to filing	Note To Reviewer	Mina Villegas	08/29/2007	08/29/2007

<i>SERFF Tracking Number:</i>	<i>FARM-125268786</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Farmers Insurance Company, Inc.</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025887</i>
<i>Company Tracking Number:</i>	<i>FAR0740-205550</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>F-AR-2007-PA-F</i>		
<i>Project Name/Number:</i>	<i>Rate Shield Endorsement J6472, 1st ed/A-06-904</i>		

## Disposition

Disposition Date: 08/30/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	FARM-125268786	State:	Arkansas
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Company Tracking Number:	FAR0740-205550		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	F-AR-2007-PA-F		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover memo	Approved	Yes
Form	Rate Shield	Approved	Yes

*SERFF Tracking Number:* FARM-125268786 *State:* Arkansas  
*Filing Company:* Farmers Insurance Company, Inc. *State Tracking Number:* AR-PC-07-025887  
*Company Tracking Number:* FAR0740-205550  
*TOI:* 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)  
*Product Name:* F-AR-2007-PA-F  
*Project Name/Number:* Rate Shield Endorsement J6472, 1st ed/A-06-904

**Note To Reviewer**

**Created By:**

Mina Villegas on 08/29/2007 05:02 PM

**Subject:**

Amendment to filing

**Comments:**

Dear Ms. Grissom:

Please be advised that we are amending the effective date of this filing to 01-01-2008. Thank you for your assistance.

SERFF Tracking Number:	FARM-125268786	State:	Arkansas
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TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Rate Shield	J6472, 1st ed	04-07	Endorsement/Amendment/Conditions		46.30	J6472, 1sted.pdf

This endorsement sets forth three separate and distinct coverage options. The option you have selected for the insured car(s) is displayed on the Declarations page.

## @ RATE SHIELD LEVEL ONE

In exchange for additional premium, if there is one accident to which a surcharge may be applied after commencement of this coverage, we will waive that surcharge in calculating our renewal offer(s) for three years for the **insured car** for which this endorsement is listed on the Declarations page. This waiver will not apply if this coverage is terminated.

This coverage applies only to the **insured car(s)** for which this endorsement is listed on the Declarations page.

## @ RATE SHIELD LEVEL TWO

In exchange for additional premium:

1. if there is one accident to which a surcharge may be applied after commencement of this coverage, we will waive that surcharge in calculating our renewal offer(s) for three years for the **insured car** for which this endorsement is listed on the Declarations page; and
2. in calculating our renewal offer(s), we will utilize the base rate and rating factors used to calculate the premium that exists on the first date of commencement of this coverage for the **insured car(s)** for which this endorsement is listed on the Declarations page for a period of two years after said commencement date of this coverage. If you make a change to your policy, including by way of example but not limited to adding or deleting coverage, increasing or decreasing coverage limits, adding or deleting a driver, providing a new garaging address, usage, raising or lowering your deductible, adding or deleting optional endorsements, or replacing your **insured car**, there may be an adjustment to your premium, but we will apply the base rate and rating factors in effect on commencement of this coverage.

We reserve the right to cancel or non-renew this policy or coverage if authorized by the base rate and rating factors enforced by this endorsement.

These benefits will not apply if this coverage is terminated.

This coverage applies only to the insured car(s) for which this endorsement is listed on the Declarations page.

## @ RATE SHIELD LEVEL THREE

In exchange for additional premium:

1. if there is more than one accident to which a surcharge may be applied after commencement of this coverage, we will waive the surcharges in calculating our renewal offer(s) for three years for the **insured car** for which this endorsement is listed on the Declarations page; and



2. in calculating our renewal offer(s), we will utilize the base rate and rating factors used to calculate the premium that exists on the first date of commencement of this coverage for the **insured car(s)** for which this endorsement is listed on the Declarations page for a period of three years after said commencement date of this coverage. If you make a change to your policy, including by way of example but not limited to adding or deleting coverage, increasing or decreasing coverage limits, adding or deleting a driver, providing a new garaging address, usage, raising or lowering your deductible, adding or deleting optional endorsements, or replacing your **insured car**, there may be an adjustment to your premium, but we will apply the base rate and rating factors in effect on commencement of this coverage.

We reserve the right to cancel or non-renew this policy or coverage if authorized by the base rate and rating factors enforced by this endorsement.

These benefits will not apply if this coverage is terminated.

This coverage applies only to the insured car(s) for which this endorsement is listed on the Declarations page.

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless modified by the endorsement.

<i>SERFF Tracking Number:</i>	<i>FARM-125268786</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Farmers Insurance Company, Inc.</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025887</i>
<i>Company Tracking Number:</i>	<i>FAR0740-205550</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>F-AR-2007-PA-F</i>		
<i>Project Name/Number:</i>	<i>Rate Shield Endorsement J6472, 1st ed/A-06-904</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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Product Name:	F-AR-2007-PA-F		
Project Name/Number:	Rate Shield Endorsement J6472, 1st ed/A-06-904		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	08/30/2007
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**Comments:**

**Attachment:**

P&C transmittal.pdf

<b>Satisfied -Name:</b>	Cover memo	<b>Review Status:</b>	Approved	08/30/2007
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**Comments:**

**Attachment:**

Cover memo.pdf


## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	Farmers Insurance Group of Companies				<b>Group NAIC #</b>	0212
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Farmers Insurance Company, Inc.	CA	21628	48-0609012			

<b>5. Company Tracking Number</b>	<b>FAR0740-205550</b>
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Jonathon Miller 4700 Wilshire Blvd, A1-3 Los Angeles, CA 90010	Contracts Manager	323-930-4214	323-930-4725	
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>		Mina Villegas		

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	Personal Auto
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Private Passenger Auto
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	19.0000
<b>12. Company Program Title (Marketing title)</b>	J6472, 1st ed
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 2/1/2008   Renewal: 2/1/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	August 21, 2007
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>FAR0740-205550</b>
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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**Please see filing memorandum**

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #: Not available yet</b> <b>Amount: \$50.00</b></p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



**FARMERS**

4700 Wilshire Blvd  
Los Angeles, CA 90010  
Bus number: (323) 930-4214  
Fax number: (323) 930-4725  
www.farmersinsurance.com

August 21, 2007

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3<sup>rd</sup> Street  
Little Rock, Arkansas 72201-1904

**SUBJECT: Rate Shield J6472**

Company Name	Reference #	NAIC #	Group #
Farmers Insurance Company, Inc.	FAR0740-205550	21628	0212

Dear Commissioner:

We respectfully submit for your review and approval a new optional endorsement, **Rate Shield Endorsement J6472 1<sup>st</sup> Edition**. This endorsement, when selected, provides two new benefits available in a total of three options. The first option provides our customers the opportunity to purchase future accident surcharge waiver coverage for one accident in a three-year period. The second option provides our customers the opportunity to purchase future accident surcharge waiver coverage for one accident in a three year period coupled with our holding their base rate and rating factors the same for two years. The third option provides our customers the opportunity to purchase future accident surcharge waiver if there is more than one accident in a three year period coupled with our holding their base rate and rating factors the same for three years.

We propose that this filing be applicable to all policies effective on or after **February 1, 2008**.

Should you have any questions, please feel free to contact Jonathon Miller at (323) 930-4214.

Thank you for your cooperation in this matter.

Very truly yours,  
FARMERS INSURANCE COMPANY, INC

By: Jonathon L. Miller, JD, GCA  
Contract Manager  
Personal Lines/Underwriting/Contracts